## Entry Blank—Please Type or Print

Ms./Artist KYLE MATTHEW DICK
(last name last)
Address 833 BEECHWOOD OR TALLMADGE
Street
74738 Daytime Tel. (216)633-7836 Zip area
T
Studio Address 1500 W Mount ROYAL AVE # 2 BALTIMORE, M. Street City
2:2:7 Partime Tol (410 11 / 5.5507
21217 Daytime Tel. (410 ) 669-5997 Zip area
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold:  ☑ Artist will pick up at Museum.  ☐ Museum should dispose of.  ☐ Museum should ship to artist at artist's expense:
Street
Street  City State Zip
City State Zip
City State Zip  Special Instructions  Entry Blank must be completed in full and signed; forms received unsigned will not
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## **Entry Blanks**

A	Specify category:  ☐ Paintings		☐ Sculpture ☐ Graphics		☐ Crafts ☑ Photography/5c √		
Materials use	ed (media)	:					
Kudal, H	blex	iglass Co	ipper w	re, wo	od.		
Title	_	ogging					
Price or NFS NFS		Insurance Value if NFS Only			Size 30 × 25 × 3Z height x width x depth		
		GRAPHICS A	AND PHO	TOGRAPH	Y ONLY		
		Total No. ir Edition	Price of Print Unframed			Price of Frame Only	
ACCEPTE	D	DO NOT V	VRITE IN	THIS S	ECTION	AC	CEPTED
NOT ACCEP	TED _	6	25	Ab	ph	NOT .	ACCEPTED
	Specify o		☐ Scu ☐ Gra	•	☐ Crafts ☐ Photog	grap	hy/sculp
Materials use	ed (media)	:					
Kodali	th: D1	lexiglas	st. m	irror	reduco	1.	
Title SELF				,			
Price or NFS			/alue		Size 52 × 44 × 3.5 height x width x depth		
		GRAPHICS A	AND PHO	TOGRAPH	Y ONLY		
Additional N For Sale	No. Total No. in Edition		n	Price of Unframe		Price of Frame Only	
ACCEPTE NOT ACCEP		DO NOT WRITE IN THIS SECTION  37-(3) 16P			ACCEPTED NOT ACCEPT		REC'D  THE  DATE
		W	3 / 80	2/			